PATENT

RECEIVED **CENTRAL FAX CENTER**

Application No. 10/613,608 Attorney Docket No.: LS-001

JUL 1 8 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Glenn Butler

Application No.: 10/613,608

Filed: July 3, 2003

For: METHODS AND APPARATUS FOR LIGHT

THERAPY

Customer No. 31647

Group Art Unit: 3739

Henry M. Johnson III Examiner:

(571) 272-4768/phone (571) 273-8300/fax

AMENDMENT & RESPONSE to the Final Office Action Mailed March 18, 2005

Attorney Docket No. LS-001

Dugan & Dugan, PC 55 South Broadway Ave. Tarrytown, NY 10591

CERTIFICATE OF TRANSMISSION I hereby certify that this correspondence is being transmitted via facsimile to:
Commissioner for Patents at (571)273-8300 on July 18, 2005.

Dated: 7/18/2005

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed March 18, 2005, entry of the following amendment and consideration of the following remarks with regard to the above-captioned application are respectfully requested.

Amendments to the claims begin on page 2.

Remarks begin on page 8.

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Valerie G. Dugan Brian M. Dugan, Ph.D.

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FACSIMILE COVER SHEET

July 18, 2005

PLEASE DELIVER THE ATTACHED MESSAGE TO:

Examiner: Henry M. Johnson, III

Phone No.: (571) 272-4768

Fax No.: (571) 273-8300

From: Steven M. Santisi

Our File No.: Docket No. LS-001

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Serial No.

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Henry M. Johnson, III

Group Art Unit :

3739

TOTAL NUMBER OF PAGES INCLUDING THIS PAGE:

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Docket No. LS-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Re:

Inventor(s):

Glenn Butler

Title: Serial No.: METHODS AND APPARATUS FOR LIGHT THERAPY

10/613,608

Filed:

July 3, 2003

Examiner:

Henry M. Johnson, III

Group Art Unit: 3739

Transmitted herewith is:

X. Amendment & Summary of Examiner Interview

X Request for Extension of Time

 \mathbf{X} Transmittal and Fax Cover Sheet

FEE CALCU	ULATION				
Fee Items	Highest No. of claims previously paid	Present No. of claims filed	Extra Claims	Fee Rate	Total
Total Claims				X \$50.00	\$0.00
Independent Claims				X \$200.00	\$0.00
Basic Filing Fee \$770.00				\$770.00	PAID
TOTAL FEES					\$0.00

- XX The Commissioner is hereby authorized to charge \$60.00 to Deposit Account No. 04-1696.
- $\mathbf{x}\mathbf{x}$ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 04-1696. A duplicate copy of this transmittal is enclosed.

 $\mathbf{X}\mathbf{X}$ Please address all future correspondence to:

Customer # 31647 Dugan & Dugan, PC 55 South Broadway Tarrytown, NY 10591

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a)) I hereby certify that, on the date shown below, this correspondence is being:

transmitted by ficsimile to the U.S. Patent and Trademark Office.

July 18, 2005 Date

Steven M. Santisi

(name of person certifying)

Respectfully submitted,

Registration No. 40.157

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